Open Enrollment 2009

Each year employees have the opportunity to add or drop coverage and/or dependents to meet their needs for the upcoming year. The annual open enrollment period allows employees to make these changes. Employees have until December 4, 2009 to make the appropriate changes to:

Medical

Medical Plan Enrollment/Change Form

Spousal Insurance Information Form

Reimbursement Plan Enrollment and Change Form

Dental

Delta Dental Enrollment/Change Form

Voluntary Benefits

Employee Supplemental Life Enrollment Form

Dependent Supplemental Life Enrollment Form

Vision -Principal Enrollment Form

Supplemental Long Term Disability

Short Term Disability (STD) Enrollment Form

Voluntary Benefit Termination Form

Flexible Spending Account

Participation Form For Flexible Benefits Plan (pre-tax)

<u>Employees enrolled in the Flexible Spending Account must</u> re-enroll for 2010. If you would like to continue the benefit or enroll for 2010 you must do so through the Online Wizard or by completing the paperwork. Otherwise, this benefit will terminate December 31, 2009.

All other benefits will continue and no other action is required unless you make the appropriate changes on or before December 4, 2009.

Changes can be made through the Online Wizard or by completing the paperwork on or before December 4, 2009. Changes made during the open enrollment period will be effective January 1, 2010.

Participation Form For Flexible Benefits Plan (pre-tax)

Benefit Statements showing your current 2009 benefits are not being mailed with the open enrollment material. You may request a benefit statement, which will provide your login and password for the Online Wizard at the link http://www.williamsoncounty-tn.gov/benefitsstatements or faxing a request to 790-5876. All employees will be mailed a benefit statement prior to January 1, 2010 to verify open enrollment changes and their coverage and contributions for 2010.

http://www.williamsoncounty-tn.gov/benefitsstatements



Effective January 1, 2010, all long-term medication (also know as maintenance medication) must be purchased through mail order.

A long-term medication is taken regularly for chronic conditions or long-term therapy. Examples include medications for managing high blood pressure, asthma, diabetes, high cholesterol or birth control.

Medications for immediate use (antibiotics) will still be purchased at any network retail pharmacy.

You will receive significant savings by getting your long-term medications, in a 90-day supply, through our CVS Caremark Mail Service Pharmacy.

You will be allowed 2 30-days fills at a network retail pharmacy. After these 2 fills, you will need to have 90-day supply prescriptions filled by the CVS Caremark Mail Service Pharmacy thereafter.

If you currently receive your long-term medications through the CVS Caremark Mail Service—<u>no action is required</u>.

If you need to change to CVS Caremark Mail Service for your long-term medications, contact the FastStart Program at 1-866-273-5268 and Caremark will contact your doctor directly.

Your Personal Prescription Benefit Guide

	Retail	Mail	
	30 day supply	90 day supply	
Generic	\$10	\$10	
Preferred Brand	20% or \$20 minimum*	\$40	
Non Preferred Brand	35% or \$35 minimum*	\$75	

^{*\$100} maximum

Participants enrolled in the plan currently will receive a mailer from Caremark as a reminder of this change.

Medical Plan Changes



Deductible Plan

The yearly individual deductible and family deductible maximum will change as follows:

Individual Deductible \$300 to \$400 Family Deductible \$750 to \$1000



Co-Pay Plan

The in-patient confinement Co-pay will change from \$250 to \$350 per occurrence.

Outpatient confinement will remain at \$250 per occurrence.



Vision Benefits - Principal:

There will be no change in the cost for the Vision Benefits. If you are currently enrolled the benefit will continue unless you notify the Benefits Department on or before December 4, 2009.

Vision -Principal Enrollment Form

Principal Vision Benefit Brochure

Spousal Rule:

On September 1, 2009, you were notified of certain changes concerning spousal surcharges that were to be effective January 1, 2010. At its September 30, 2009 meeting, the Purchasing & Insurance Committee voted to rescind these changes; thus the proposed change will not be implemented on January 1, 2010.

The current spousal rule that became effective on January 2, 2007 will still apply. Any employee adding a spouse to the plan on or after January 2, 2007 will be required to complete the Spousal Verification form at time of enrollment. A spouse who declines coverage through his or her employer, making the Williamson County Medical Plan primary, will pay a surcharge.

All employees who have added a spouse since January 2, 2007 will be required to complete a Spousal Verification Form to ensure that there has been no change in their spouses' employer coverage or eligibility since time of enrollment. This information will come in a separate mailing with instructions. It is important that plan participants respond to this request and return the completed form as requested. Those that do not comply, the spouse will be allowed to continue coverage but the surcharge will be applied automatically and no refunds will be given.

<u>Spousal Rule Guidelines</u> Spousal Insurance Information Form

Dependent Eligiblity:

Williamson County Benefits program is currently conducting a dependent eligibility verification project to ensure that all individuals who are enrolled in coverage are truly eligible for benefits. All individuals enrolled in family coverage or who add a dependent will be required to provide proof of eligibility for each enrolled dependent once they reach the age of 19. Plan members who have no dependents will not be required to take any action. It is very

important that all plan members respond to this request with acceptable proof of dependent eligibility to ensure no interruption in coverage for your eligible dependents.

Student Status Verification Form

Cost:

Per Pay Period Deductions Effective January 1, 2010

	•	County Government	Board of Education		
		26 pays	20 pays*	22 pays*	24 pays**
Deductible Plan	Monthly				
Employee	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$146.62	\$ 67.67	\$ 87.97	\$ 79.98	\$ 73.31
Employee +2 or more	\$279.91	\$129.19	\$167.95	\$152.68	\$139.96
Spousal Employee +1	\$246.62	\$113.83	\$147.97	\$134.52	\$123.31
Spousal Employee +2 or more	\$379.91	\$175.34	\$227.95	\$207.22	\$189.96
<u>Co-pay Plan</u>					
Employee	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00
Employee +1	\$102.28	\$ 47.21	\$ 61.37	\$ 55.79	\$ 51.14
Employee +2 or more	\$195.27	\$ 90.13	\$117.16	\$106.51	\$ 97.64
Spousal Employee +1	\$202.28	\$ 93.36	\$121.37	\$110.33	\$101.14
Spousal Employee +2 or more	\$295.27	\$136.28	\$177.16	\$161.06	\$147.64
Reimbursement Plan					
Employee	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00
One Enrollee (not Employee)	\$15.00	\$ 6.93	\$ 9.00	\$ 8.18	\$ 7.50
Employee +2 or more	\$25.00	\$11.54	\$15.00	\$13.64	\$12.50
Delta Dental					
Employee	\$00.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$15.04	\$6.94	\$9.02	\$8.20	\$7.52
*Classified Employees only					

**All Educators and 12 month Classified

Per Pay Deductions are based on the Monthly cost and the number of pay periods in a 12 month period.

The Williamson County Benefits Department is available to you Monday through Friday 8:00 am to 4:30 pm.

Pam Esberger 591-8526 LeAyn Barnhill 591-8521 Renee Spicer 595-1268 Mary Wallace 790-5600 Laurie Gulan 591-8506

Additional information related to your employee benefits can be found on the Williamson County Benefits Website www.williamsoncounty-tn.gov/mybenefits.

Williamson County will continue to provide the highest level of coverage commensurate with the financial resources available.

Please feel free to contact any of the staff with questions or concerns related to your Employee Benefits.

Gina Cavanaugh - Williamson County Benefits Department